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PTO/SB/21 (08-03)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/622257-Conf. #9034	
	Filing Date	September 15, 2003	
	First Named Inventor	Janos ROHALY	
	Art Unit	2621	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	1	Attorney Docket Number	MIT-001

### ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	LAHIVE & COCKFIELD, LLP John D. Lanza - 40,060
Signature	
Date	March 25, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 377649838 US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: March 25, 2004

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PTO/SB/02 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/622257-Conf. #9034
	Filing Date	September 15, 2003
	First Named Inventor	Janos Rohaly
	Art Unit	2621
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	MIT-001

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number: 00959

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number: 00959

OR

<input checked="" type="checkbox"/> Firm or Individual Name	LAHIVE & COCKFIELD, LLP John D. Lanza
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

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Signature

Date 3/24/04 Telephone (617) 253-6966

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

\*Total of 1 forms are submitted.